



EXECUTIVE CHAMBERS  
HONOLULU

LINDA LINGLE  
GOVERNOR

# STATE BOARDS AND COMMISSIONS

## HOW TO APPLY

If you are interested in applying for a board or commission, please submit the following:

1. **A completed and signed application form (3 pages).** A resume may be attached, if necessary.
2. **A letter of interest (optional).** Specifically state for which boards/commissions you are interested in applying and your qualifications for each. The letter may be addressed to the Honorable Governor Linda Lingle.
3. **A list of references.** The names and contact information of at least three (3) references.

For consideration, the three (3) items above may be sent to the address below or faxed to 586-0019:

State Boards and Commissions  
Office of the Governor  
Hawaii State Capitol  
Honolulu, HI 96813

You will receive a letter acknowledging receipt of your application. If you have any questions, please call the State Boards and Commissions Office at (808) 586-0026 or email [gov.boards@hawaii.gov](mailto:gov.boards@hawaii.gov).

**STATE BOARDS AND COMMISSIONS APPLICATION (Please type or print legibly) Page 1 of 3**

FIRST NAME:		MIDDLE NAME:
LAST NAME:	SUFFIX, IF ANY:	MAIDEN OR OTHER NAMES, INCLUDING DATES OF USE
PLEASE CHECK PREFERRED TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. OTHER: _____		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS (Street Address, City, State, Zip Code)		HOME PHONE
MAILING ADDRESS (If different from above)		BUSINESS PHONE
DATE OF BIRTH	RESIDENCY IN HAWAII (years)	MOBILE PHONE
NAME OF SPOUSE		PRIMARY EMAIL ADDRESS

APPLYING FOR THE FOLLOWING BOARD(S) OR COMMISSION(S)

EDUCATION *(May attach a resume)*

CURRENT PROFESSION / OCCUPATION

EXPERIENCE *(Major employment record beginning with present to last employment) (May attach a resume)*

FROM (Year) TO (Year)

PROFESSIONAL ORGANIZATION, HONORS, LICENSES, ETC. *(May attach a resume)*

COMMUNITY SERVICE *(Organizations; offices held; indicate past or present) (May attach a resume)*

MILITARY SERVICE RECORD *(Including awards, decorations, etc.) (May attach a resume)*

**Continued on the next page**

Are you currently serving on any public board or commission created by the State or any of its political subdivisions?  
If so, please state the name of the body and the date when your term expires.

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**Conviction for a Crime** (You DO NOT need to report: 1) Arrests not followed by convictions. 2) Convictions which were annulled or expunged)

1) Have you been convicted of a felony or misdemeanor? Yes ☐ No ☐

2) Have you ever been convicted of any act, attempt or conspiracy to overthrow the state or the federal government by force or violence? Yes ☐ No ☐

If you answered "yes" to either question, indicate the date(s) and explain below: Date(s):

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I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any appointed position in the service of the State of Hawaii.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **IMPORTANT - PLEASE READ**

#### **State Ethics Commission Annual Disclosure of Financial Interests**

Under the State Ethics Law, HRS ch. 84, members of state boards and commissions who are appointed to terms of more than one year and whose functions are not "solely advisory" must file a financial disclosure statement with the State Ethics Commission. Statements, other than the statements of members of boards that head a state department, will be maintained confidential and neither published nor disclosed by the Ethics Commission without the member's permission, during the member's term, and for six years thereafter whereupon they will all be destroyed. Questions as to whether the members of a particular board must file a disclosure statement, or whether statements filed by the members of a particular board are subject to disclosure should be posed directly to the State Ethics Commission.

**PLEASE CHECK:**      ☐ **I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT**

Questions? Please call the State Boards and Commissions Office at (808) 586-0026.

**Continued on the next page**

To Whom It May Concern:

In conjunction with the background investigation being conducted by the Office of the Governor for my possible appointment to a state board or commission, I hereby authorize the representative of the Office of the Governor, State of Hawaii, bearing this release, or copy thereof, to obtain information about me that you may have pertaining to my employment, military service, or education, including but not limited to academic, achievement, attendance, personal history, disciplinary, awards, and distinction records. I hereby direct you to release such information to the bearer of this release upon request of the bearer. This authorization to release is executed with my full knowledge and understanding that the information will be used in connection with my application for possible appointment to a state board or commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security (optional): \_\_\_\_\_

**STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
ISLAND BURIAL COUNCIL CANDIDATE APPLICATION ADDENDUM**

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Complete the following application in order to be considered for a seat on an Island Burial Council and submit the application with appropriate support information attached to:

**State Historic Preservation Division  
601 Kamokila Boulevard, Room 555  
Kapolei, Hawaii'i 96707  
Tel: (808) 692-8015 € Fax: (808) 692-8020**

Name	Date of Application
Place of Birth	
Please list Hawaiian Organizations that you have been affiliated with, if any (not already identified in your Boards and Commission application):	

1. Indicate which island burial council you are applying for:

Hawaii'i \_\_\_\_ Maui/Lana'i \_\_\_\_ Moloka'i \_\_\_\_ O'ahu \_\_\_\_ Kaua'i/Ni'i'hau \_\_\_\_

2. Indicate which type of seat on the island burial council you are applying for:

a) \_\_\_\_ Regional Representative    b) \_\_\_\_ Large Property Owner

**FOR REGIONAL REPRESENTATIVE APPLICANTS:**

Please circle the geographic region you wish to represent:

Hawai'i: Kohala      Kona      Ka'u      Puna      Hilo      Hamakua

Maui:      Lahaina      Wailuku      Makawao

Lana'i

Molokai: West Molokai      Central Molokai      East Molokai      Kalawao

O'ahu:      Wai'anae      Ewa      Kona      Ko'olaupoko      Ko'olauloa      Waialua

Kaua'i:      Waimea      Koloa      Lihue      Kawaihau      Hanalei      Na Pali

Ni'ihau

- 1) In a written statement attached to this application, explain your connection to the geographic region indicated above which may include family ties, residence, knowledge of the region's history, experience with the region's cultural and historic sites, understanding of the region's customs, or other basis.
- 2) In a written statement attached to this application, explain your knowledge and understanding of Hawaiian burial beliefs and practices relating to the care and protection of Native Hawaiian burial sites, ancestral remains and burial objects.
- 3) In a written statement attached to this application, indicate the reasons you wish to serve on the island burial council as a regional representative.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FOR LARGE PROPERTY OWNER APPLICANTS:**

Please indicate the name and mailing address of the large landowner or developer whom you wish to represent and attach a letter from the large property owner acknowledging or authorizing your representation of the large property owner on the island burial council :

Large Property Owner	Mailing Address	Telephone
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Contact Person	Email Address	Facsimile
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- a) Are you currently employed by the large property owner? Yes \_\_\_ No \_\_\_

If no, explain how you are associated with the large property owner.

- b) In a written statement attached to this application, explain how you are qualified to represent the interests of the developer or large property owner or both.

- c) In a written statement attached to this application, indicate the reasons you wish to serve on the island burial council, as a large property owner representative.

APPLICANT'S SIGNATURE

DATE \_\_\_\_\_